Date: 1/15/09

SENIOR LIVING COORDINATING UNIT

2008 Annual Report

Pursuant to Iowa Code, Section 231.58(4)(g)

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IOWA CODE, SECTION 231.58

231.58 SENIOR LIVING COORDINATING UNIT.

- 1. A senior living coordinating unit is created within the department of elder affairs. The membership of the coordinating unit consists of:
 - a. The director of human services.
 - b. The director of the department of elder affairs.
 - c. The director of public health.
 - d. The director of the department of inspections and appeals.
 - e. Two members appointed by the governor.
- f. Four members of the general assembly, as ex officio, nonvoting members.
- 2. The legislative members of the unit shall be appointed by the majority leader of the senate, after consultation with the president of the senate and the minority leader of the senate, and by the speaker of the house, after consultation with the majority leader and the minority leader of the house of representatives.
- 3. Nonlegislative members shall receive actual expenses incurred while serving in their official capacity and may also be eligible to receive compensation as provided in section 7E.6. Legislative members shall receive compensation pursuant to section 2.12.
 - 4. The senior living coordinating unit shall:
- a. Develop, for legislative review, the mechanisms and procedures necessary to implement a case-managed system of long-term care based on a uniform comprehensive assessment tool.
- b. Develop common intake and release procedures for the purpose of determining eligibility at one point of intake and determining eligibility for programs administered by the departments of human services, public health, and elder affairs, such as the medical assistance program, federal food stamp program, homemaker-home health aide programs, and the case management program for frail elders administered by the department of elder affairs.
 - c. Develop common definitions for long-term care services.
- d. Develop procedures for coordination at the local and state level among the providers of long-term care.
- e. Prepare a long-range plan for the provision of long-term care services within the state.
- f. Propose rules and procedures for the development of a comprehensive long-term care system.
- g. Submit a report of its activities to the governor and general assembly on January 15 of each year.
- h. Provide direction and oversight for disbursement of moneys from the senior living trust fund created in section 249H.4.
- i. Consult with the state universities and other institutions with expertise in the area of elder issues and the long-term care continua.

INTRODUCTION

The 2008 activities of the Senior Living Coordinating Unit (SLCU), other Executive Branch agencies, and the General Assembly marked progress toward the goal of balancing Iowa's system of long-term supports and services. As in previous years, this report will review the Unit's activities and recommendations and provide detailed data on the provision of a wide array of those services across the state.

Several programmatic developments catalogued in the Long Range Plan tracking matrix are worth highlighting. The complete tracking matrix follows the recommendations.

- 1. There was a major expansion of the Chronic Disease Self-Management Program in 2008, largely the result of grants from the National Council on Aging, Atlantic Philanthropies, and partnerships with organizations such as Iowa Farm Bureau, Wellmark, Hy-Vee and a variety of local agencies and community groups. The program now serves more than 450 older adults who have substantially lowered their use of medical services by managing chronic health conditions, such as heart-disease, arthritis, cancer, and diabetes. For more information about this program, please access www.iowa.gov/elderaffairs.
- 2. The General Assembly provided first-time funding for a public awareness campaign on long-term supports and services to the Department of Elder Affairs for FY 2009. The Campaign will include direct-mail, radio and newspaper advertising, and earned media communication in April and May 2009, targeting Iowans 55 to 61 years of age. There will also be an evaluation component to test the effectiveness of the Campaign.
- 3. The General Assembly enacted several initiatives to address direct care worker issues, including task forces to provide recommendations on addressing training, recruitment, and compensation issues facing this critical sector of the workforce.
- 4. The General Assembly broke new ground by establishing Code standards for training professional and family caregivers of Iowans experiencing dementia.
- 5. The Department of Elder Affairs was awarded the CMS Real Choices System Change Grant to establish a State Profile Tool on Long-Term Care. The SLCU agreed to serve as advisors on the project.
- 6. The Department of Humans Services won approval to launch the Program of All-Inclusive Care for the Elderly (PACE) in the Siouxland area, establishing Iowa's first managed care long-term support and services model for individuals eligible for both Medicare and Medicaid.
- 7. The Department of Elder Affairs, through a new appropriation from the General Assembly, developed and implemented two pilot projects to enhance the Aging and Disability Resource Center (ADRC) by adding Option Counselors in Linn and Johnson Counties. This funding is also critical in maintaining the existing virtual ADRC.
- 8. The Department of Public Health established an Electronic Health Information Advisory Council to direct public and private collaborations to promote the use and adoption of health information technology in Iowa.

RECOMMENATIONS

In 2008, the SLCU focused primarily on developing recommendations for the General Assembly to consider in order to move forward on balancing the system of long-term supports and services. This was the first time the SLCU successfully debated, modified, and approved such a list of recommendations.

A. Comprehensive Educational Programs

- <u>Recommendation 1</u>: The Legislature should approve funding for evidence-based, health promotion educational programs for all Iowans that emphasize the importance of health, wellness, and active living.
- <u>Recommendation 2</u>: The Legislature should approve a comprehensive educational program for all Iowans that emphasizes the importance of fiscal planning, and responsibility, a support community, and planning for the future.

B. Service Network Development

- Recommendation 3: As the SLCU prepares long-range plans for the provision of long-term care services within our State, the Heritage Area Agency on Aging would like those recommendations to include steps that Iowa can take to reduce its over-reliance on institutional-based care.
- Recommendation 4: The Legislature should express its intention to develop a flexible transportation network in various areas of the State that assures that all Iowans have access to medical and other essential appointments and cultural activities.

C. Access

- <u>Recommendation 5</u>: The Legislature should pass a Caregiver and Direct Care Worker Support bill that recognizes the importance of caregivers and of direct care workers and considers:
 - a) Tax incentives and tax credits for caregivers and direct care workers;
 - b) Provides for an annual cost-of-living provider rate increase;
 - c) Establishes a forgivable loan program for professionals who stay in Iowa, and;
 - d) Establishes a GI bill of health for long-term care workers.

D. Strengthening Services

• Recommendation 6: The State should address long-term care systemic issues that limit people's choices as to service setting, including: (1) the elimination of disparities in reimbursement policies that place HCBS providers at a disadvantage compared to facility-based providers, and (2) a focus on ensuring access to services that can prevent unnecessary institutionalization.

- Recommendation 7: The State should take advantage of the opportunity presented by Iowa's Money Follows the Person (MFP) demonstration to assess the benefits of (1) developing a transition services coordination model for Iowa to help individuals move from facility-based service settings to more independent settings in the community; (2) expanding home and community-based mental health services to address the needs of individuals at risk of institutionalization; and (3) improving access to assistive technology and affordable and accessible housing for waiver participants.
- <u>Recommendation 8</u>: The Legislature should approve core standards for all long-term care insurance policies issued to citizens in the State.
- Recommendation 9: Partner with the Iowa Caregivers Association to support efforts that lead to expanded publication/transparency of staffing data in nursing facilities. The suggestion is to begin to capture and analyze comparative NF staffing data via existing cost reports, and to report that comparative data in a use-friendly and highly visible manner.
- Recommendation 10: Support expansion of the work of the Direct Care Worker Compensation Committee to look at issues of pay and compensation (and turnover) for those who serve Iowans in settings other than nursing facilities.
- Recommendation 11: Continue and implement the work of the Direct Care Worker Task Force and Advisory Council by supporting funding for IDPH to create and administer a Direct Care Worker Certification Board, and by supporting further expansion of the Iowa Direct Care Worker Registry within the DIA.

E. Housing

• Recommendation 12: The Legislature should establish a task force headed by the Iowa Finance Authority to research and make recommendation on solutions to address the lack of affordable independent living options, standards for accessibility, establishing affordable home modification programs, identifying additional funding for adaptive technology, and other initiatives to enable Iowans to live in their own homes more regardless of age or functional ability.

Objective: A. Develop	a Comprehensive Educational Program
Strategy in Progress:	 A1) Promote good health through Healthy Links, Chronic Disease Management – CMS grants to DEA and DPH. A3) Launch "Own Your Future." A4) LTC policies that meet core standards. A5) Develop public guardianship, substitute decision-maker program. A7) Enlist physicians, med. Institute in planning for future LTC thru ADRC continuation grant awarded to DEA in Aug. '07. DHS: A1) Medicaid to begin coverage of annual physicals for all members.
Nongovernmental	IDPH: A1) Long Range Plan II-A-1
Strategies:	Promoting good health, stressing that the time to pay attention to physical exercise, good nutrition and healthy habits is now.
Current Status:	A1) First round of training-the trainer in progress as of 9/21/07 in chronic disease management grant. A3) DEA & IID are preparing grant prop due Oct 1, '07. A4) Core standards under consideration by IID with other rec. of the IID report to Gov. Culver 9/17/07. A5) DEA formed office of Substitute Decision Maker in '07; legislative appropriation \$250 k in FY08. A7) ADRC advisory committee and staff developing implementation plan. DHS: A1) Implemented July 1, 2007. IDPH: A1) See Inventory of Services to Older Iowans thru IDPH (Attachment A).
Next Step:	A3) Implement strategy if/when grant is awarded. A4) Translate recs. into legislative proposals if/when approved. A5) Hire Substitute Decision Maker Program Coordinator. A7) Roll out implementation plan in beginning enhancements to www.lifelonglinks.org . IDPH: Action Plan (short range) a) Provide leadership in efforts to strengthen partnerships at both the state and local levels to maximize resources, reduce fragmentation and duplication, and expand health promotion programming. b) Integration of programming within IDPH to reduce fragmentation and duplication; i.e. health promotion, chronic disease, oral health, tobacco. Action Plan (long range) a) Redesigning Public Health in Iowa – Implementation of local and state public health standards.

	b) Utilize the Plan as a document to provide direction to the department insofar as the development of
	Healthy Iowans 2020 and future strategic plans and agency performance plans.
Comments:	A5) Interview underway as of 9/21/07; program funding fell \$385 k short of requested budget.
	IDPH: From the document <u>A Long Range Plan for Long Term Care In Iowa</u> ; Plan for Implementing Section II-A-1; II-B; II-C-4 prepared by the IDPH. This was a template by Bob Welsh for reporting progress to the SLCU in spring 2007. (Attachment B)
2008 Legislative	DEA: A3) Senate File 2539 appropriated \$85,000 from the General Fund to develop a Long-Term Care Options
Outcomes:	Public Education Campaign and to develop end-of-life decision-making materials.

Objective: B. Devel	lop Strategies for Healthy Aging
Strategy in Progress:	See A1)
Ç	DHS: B1) Maximize value of the Medicaid value of the Medicaid program to members by establishment of best practices benchmarks and improvement measurement. B2) Development of Consumer Choices Options in HCBS Waivers.
Nongovernmental	IDPH: Long Range Plan II-B
Strategies:	1. Improving the overall health and well being of older Iowans.
	2. Increasing the emphasis on providing services that contribute towards extending impendent lifestyles and healthy aging.
	3. Promoting the use of community-based prevention programs. This includes but is not limited to health screenings and assessments, home safety evaluations, adult immunizations such as flu and pneumonia, education classes on health topics, physical activity programs, and referrals for early interventions as appropriate.
	4. Partnering with Primary Care Providers to provide chronic care management to assist older Iowans 9in managing their chronic disease process.
	5. Linking older Iowans with needed health services as appropriate.
Current Status:	DHS: B1) Workgroup in process.
	B2) Available statewide July 1, 2007.
Next Step:	IDPH: Action Plan (short range) a) Provide leadership in building capacity of local boards of health and local public health agencies to assess the needs of their communities and assure services that meet the health priorities of their communities including those impacting older Iowans.

	b) Develop strategic plan for the Office of Multicultural Health. Plan will address health care needs of diverse
	populations, diverse populations, diversity of workforce, and other issues that impact delivery of health care to older Iowans.
	c) Pending additional appropriations, expand "Senior Smiles" throughout the state to address oral health
	needs of older Iowans (FY08 Budget Offer). Provide consultation and resources to the assessment of oral health needs of older Iowans as part of Medicaid program in Iowa.
	d) Implement the programming funded through the AoA grant.
	e) Continue to evaluate current programming to identify areas for improvement, expansion so as to better address the needs of older Iowans.
	Action Plan (long range)
	a) Continue to assess opportunities for additional resources/funding to address healthy aging programming and direct these funds to the local level for program implementation.
	b) Provide leadership to environmental changes that affect the quality of life of older Iowans.
	c) Provide leadership to continuing efforts to address the mental health needs of older Iowans.
Comments:	
2008 Legislative	IDPH: As a result of HF 2539 enacted during the 2008 Legislative Session, the Department will establish a Medical
Outcomes:	Home System Advisory Council to assist in the development and implementation of a statewide patient-centered medical home system in Iowa.
	HF 2539 also required IDPH to establish a Prevention and Chronic Care Management Advisory Council to develop a state initiative for chronic care management. The council shall submit initial recommendations to IDPH no later than July 1, 2009.

Objective: C. Deve	elop Extensive Network of Services and Providers Home and Supportive Housing • Home and Community-Based Services • Caregivers • Direct Care Workers
Strategy in Progress:	C2d) DEA has applied for Real Choices and Nursing Home Diversion Modernization grants with CMS/AoA. C2j) Enhancing the capacity of the mental health service system to respond to the needs of older adults C4i) Expanding the Iowa Nurse Aide registry to include other direct care workers and personal assistance. DHS: C1a) See B2 above. C1c) Funding for home modification available in several HCBS waivers.

	 C2e) Iowa awarded MFP grant targeted to transition of Medicaid-eligible members from ICF/MRs to community living. C2g) House File 911, section 39, which authorized funding to NFs for the cost of renovation or construction for the purpose of rectifying a violation of life safety code or development of HCBS waiver services. C3f) Rules are in process to clarify documentation for all HCBS providers. A specific form will be required of all CDAC providers. C4h) IME is in process of determining if case mix can be implemented for payment in an ICF/MR.
Nongovernmental Strategies:	ICGA: C4) Promote the issues of care giving and the direct care workforce with Presidential Candidates. Seek a collaboration with Rosalynn Carter Institute for CareGiving. Continue the work of the Direct Care Worker Task Force (funding included in HF909) to enhance Education and training of DCW's and to create a Governance unit in the DPH to oversee credentialing and other issues. Work with DMACC and Iowa Workforce Development to insure that DCW's are included in their Health Care recruitment and retention efforts. Participate in DEA's dementia training initiative along with the Alzheimer's Association to provide raining for direct care workers. Expand the Direct Care Worker Registry. Expand the Direct Care Worker Leadership Program in order to enhance the communication and problem solving skills of DCW's and to foster personal and professional growth. Expand participation in what was the Better Jobs Better Care Coalition (grant ended June of 2007) and share legislative and policy initiatives that could be enacted by the General Assembly
	 IDPH: Long Rang Plan II-C-4 b) Enhancing training and education, including expanding the training slots for nurses and paraprofessionals, promoting registered apprenticeships to paraprofessional occupations. c) Forgivable loan programs for professional who stay in Iowa. Investigating and implementing strategies that improve the recruitment and retention of staff employed in the range of long-term care professions. This would include addressing inadequate wages and benefits, training and on-the-job support which are the fundamental causes of the direct care worker shortage.
Current Status:	 C2d) Awaiting decision on grants. C2j) DIA, DHS, and other stakeholders are working together to identify gaps in the current system and develop ideas and recommendations to address the gaps. C4i) The Nurses Aide Registry has been revamped and renamed the Direct Care Worker Registry in readiness for the expansion of additional categories of direct care workers.

Comments:	DHS: C3f) Documentation on forms will be sent out to each CDAC provider. C4h) States have implemented case mix in NF's. NO state has done this in ICF/MR due to the complexity. C4j) Registry still only tracks CAN's; functionality has been built, but not yet expanded. Funding needed?
	 plan. b) Develop a compendium of innovative approaches to collaboration and creative health-promoting activities that result from partnerships between local public health agencies, area agencies on aging, and other organizations.
	Action Plan (long range) a) Enhance the capacity of the Office of Health Care Workforce to address strategies/actions outlined in the
	b) Continue to address the issues surrounding health care workforce and the implications of an aging population. As directed by the General Assembly, implement strategies that are recommended by the Direct Care Worker Task Force.
	IDPH: Action Plan (short range) a) Revision of administrative rules for local public health services to provide greater flexibility in addressing promotion of healthy behaviors as well as continuing to provide needed home/community-based services. Proposed rules incorporate some of the recommendations of the Direct Care Worker Task Force; i.e. classifications, education.
	DHS: C2g) Upon federal approval, begin reviewing requests submitted. C3f) Comments will be addressed when rules are noticed.
	C4i) Determine if any additional human and financial resources are necessary for operation of the expanded Registry.
Next Step:	C2d) Develop implementation plan if/when awarded grants. C2j) Submit policy and budget change recommendations to the Governor.
	AAA: Maintain staff person dedicated to counseling caregivers and to provide funds for services most needed by individual caregivers to assist in keeping frail elders at home.
	DHS: C1a) Available for members. C2e) Oversight Committee and subcommittee meetings currently in progress. C2g) Rules and SPA has been submitted.

2008 Legislative Outcomes:	DEA: Senate File 2341 provided the Department with the authority to develop caregiver training standards for direct care workers who care for individuals with Alzheimer's disease or related disorders and to conduct a statewide campaign to educate health care providers on early detection of the disease.
	IDPH: As a result of HF 2539 enacted during the 2008 Legislative Session, the Department will establish a Direct Care Worker Advisory Council to advise the Department regarding regulation and certification of direct care workers based on the work of the Direct Care Task Force. The advisory council report is due to IDPH by November 30, 2008. Language directs IDPH to begin certifying direct care workers beginning July 1, 2009.

<i>Objective:</i> D. Deve	lop Strategies to Strengthen the Network • Quality Care and Safety • Employment and Meaningful Activities • Innovation • Partnership
Strategy in	D1a) Monitoring all programs and facilities to assure that persons in the long-term care systems are receiving quality
Progress:	care.
	D1b) Making available information about certification reports, monitoring visits, complaint investigations, and other information valuable to the consumer by websites and/or written reports.
	D1c1) Encouraging all segments of the long-term care system in Iowa to study and implement "best practices".
	D1c2) Conduct Alzheimer's Disease Demonstration Grant (ADDG) study on availability and barriers to ADS.
	D1e) Adopting policies and legislation designed to increase the safety of individuals experiencing abuse, neglect, or exploitation. The legislation would include enhanced criminal penalties for violations against individuals aged 60 or over and disabled adults of any age.
	D3b) Examining all rules and exceptions to rules to make sure they are not barriers to provide quality imaginative services.
	D3e) Pursue PACE project in Siouxland (DHS, with DEA support).
	DHS: D1a1) QA/QI program ensuring medical necessity and quality of care for the services being provided. D1a2) HCBS rules and QA process are being redefined based on the CMS quality matrix.
	D3a) Accountability measure program for nursing facilities. D3e) Developing rural PACE Project with Siouxland PACE.
Nongovernmental	D3e) Developing turai i ACE i foject with Slouxianu i ACE.
Strategies:	
Current Status:	D1a) Review of data, process, statutory and rule language to identify any policy and budget changes needed to ensure that the health, safety and welfare of consumers is protected through consistent periodic monitoring of facilities and programs and complaints are investigated timely.

	 D1b) Final findings of inspections and complaint investigations are available to the public on DIS'a Report Card website, in hard copy from DIA or are posted at each facility/program. In addition DIA's website has Hot Notices regarding key information of special agency news. D1c1) There is a navigation bar on the DIA's Health Facilities Division website specifically for "Best Practices" of health care facilities. In addition, quality award winners share their best practices with others at industry conferences and at the DIA annual provider/surveyor training. D1c2) ADDG study completed. D1e) DIA is working with DHS and other stakeholders to identify possible improvements to Iowa Code chapter 235B as it relates to health care facilities, assisted living, hospitals, and other long-term care providers. D3b) DIA worked with stakeholders to identify and eliminate regulatory barriers to person-directed care environments. D3e) Application to CMS in progress as of 9/21/07.
	 DHS: D1a) Implemented 10/1/2006. D3a) Workgroup currently evaluating program, with 5 years of data available. D3e) Iowa Medicaid has submitted a PACE provider application to CMS in coordination with Siouxland PACE. AAA: The I4A maintains a statewide database, by county, of services available for older Iowans in cooperation with ADRC, Life Long Links, and 211.
Next Step:	 D1a) Submit policy and budget change recommendations to the Governor and legislature and implement other structural and process improvements to fully accomplish the strategy. D1b) Continue to enhance the DIA website with information of interest to consumers and the general public. D1c1) DIA will continue to look for ways to encourage sharing of best practices through various communication methods, such as DIA's newsletter, "Insight". D1c2) Roll out ADDG grant study at next SLCU (11/16/07) and discuss recommendations. D1e) Make any policy recommendations to the Governor and the legislature to further protect dependent adults. D3b) DIA will continue to work with stakeholders in identifying and minimizing or eliminating regulatory barriers to the provisions of innovative long-term care services. D3e) Develop implementation plan if/when award authority to move ahead. DHS: D1a1) Continued education, if needed, regarding adequate documentation for each member's record. D1a2) The HCBS QA process is being piloted by HCBS providers. D3a) Recommended identified modifications to current program. D3e) Planning continues for implementation, including SPA billing and payment systems, provider manual, rules and preparing for state readiness review.

Comments:	D1a) This is an ongoing effort
2008 Legislative Outcomes:	DEA: D1e) Senate File 2425 provided a \$200,000 increase to expand the Elder Abuse Prevention Initiative to additional counties.
	 DIA: D1b) Legislation was enacted to provide that final findings of evaluations and complaint investigations for assisted living programs, elder group homes, and adult day services programs are available to the public on DIA's Report Card web site, in hard copy from DIA or are posted at each program/home following any informal review. D1e) DIA worked with DHS, stakeholders and legislators to establish dependent adult abuse (DAA) legislation specific for health care facilities, hospitals, assisted living programs, elder group homes, and adult day services programs. Also, the legislation provided for DIA to investigate DAA in hospitals, assisted living programs, elder group homes, and adult day services programs. In addition, legislation was enacted to require hospitals to conduct background checks of prospective employees.

Objective: E. Provi	de Persons with an Accurate Assessment
Strategy in Progress:	DHS: E) Ensure accuracy of Medicaid level of care certifications.
Nongovernmental Strategies:	
Current Status:	DHS E) IME implemented a process for licensed professional to certify the need for level of care for members requesting services in facilities (NF and ICF/MR) and HCBS programs (EW, IH, AIDS, PD) and to ensure ordered by a medical professional.
Next Step:	DHS: E) Continue to monitor effectiveness.
Comments:	

<i>Objective:</i> F. Provid	e Persons with Information to Enable Them to Make Informed Choices
Strategy in Progress:	See A1) and A7)
J	DEA: F1) ADRC enhancement and promotion.
	DHS: F2) See B2 above
Nongovernmental Strategies:	
Current Status:	DEA: F1) ADRC's LLL website linked to Seamless and case management; paid ad campaign evaluation underway by ISU Extension.
	AAA: Accomplished through the Information & Assistance program, I4A website, Family Caregiver Support program, AAA database (ESP).
Next Step:	DEA: F1) Apply additional technical enhancements; develop and launch next flight of paid and "earned media" promotional campaign of LLL website.
Comments:	
2008 Legislative Outcomes	DEA: F1) Senate File 2425 appropriated \$200,000 in first-time State funds to maintain existing ADRC project efforts, including the LLL web site, educational outreach through local Options Counselors, and promotional activities.
	IDPH: As a result of HF 2539 enacted during the 2008 Legislative Session, the Department will establish a two-year patient autonomy in heath care decisions pilot project that includes an advisory council of parties interested in the pilot to develop recommendations for expanding the pilot project statewide. The advisory council is to submit its recommendations to the Governor and the General Assembly by January 1, 2010.
	IDPH is also required to establish an Electronic Health Information Advisory Council, and an executive committee of the council, is established under IDPH to direct a public and private collaborative to promote the adoption and use of health information technology in Iowa. The Executive Committee shall develop a statewide health information technology plan by July 1, 2009, which should include a single patient identifier or alternative mechanism to share secure patient information and issues related to the content of electronic transmissions that health professionals shall use by July 1, 2010.

Objective: G. Provi	ide Persons with Needed Support
Strategy in Progress:	DHS: G) Medicaid requirement that all individuals accessing an HCBS waiver program have a case manager assigned to assist with coordination of care and services.
Nongovernmental Strategies:	
Current Status:	DHS: G) All HCBS waiver participants currently have case management services, based on the program or diagnosis of the participant.
Next Step:	
Comments:	
2008 Legislative Outcomes	DHS: G) Senate File 2425 appropriated \$2.0 million in State funds to reduce the Home and Community-Based Waivers Waiting Lists, which will provide match for federal funds for a total of approximately \$6.0 million to reduce waiting lists. Also, the increase in Medicaid funds provided in the legislation covers expected increases in enrollment and utilization under the Elderly Waiver.

^{*}The Long Range Plan for the Long-Term Care Report for which this Matrix corresponds to can be found online at: http://www.state.ia.us/elderaffairs/Documents/SLCU/LongRangePlanReport.pdf

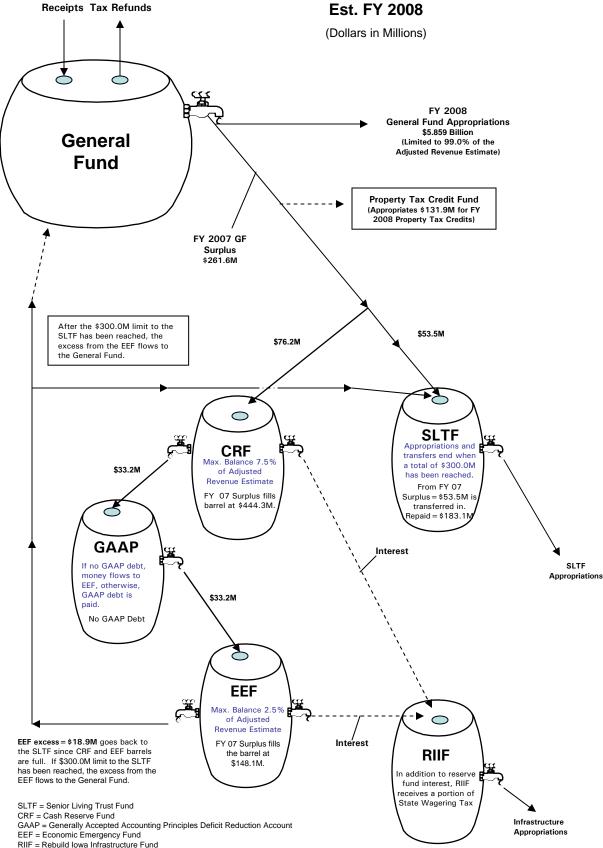
SENIOR LIVING TRUST FUND

The Senior Living Trust Fund (SLTF) has served as the funding source for all or portions of various State long-term care programs and services since FY 2001, including the Senior Living Program, Medicaid, the Rent Subsidy Program, and oversight for assisted living and adult day service programs. For FY 2009, appropriations from the SLTF for these total \$122.3 million. The projected ending balance for the Fund at the close of FY 2009 is \$28.7 million, which will require the General Assembly to determine another funding source to ensure that the programs and services funded by the SLTF will continue at the same levels in FY 2010. The replacement of funding created by the shortfall in the SLTF in FY 2010 is critical to ensuring continued services to Iowa's Medicaid population, the provision of home and community-based services for older individuals, and other services that protect vulnerable adults. The spreadsheet is included on the next page.

SENIOR LIVING TRUST FUND Legislative Services Agency, Fiscal Services Division

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Estimated
-	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Revenues		00 004 040 4	101 100 100 1	000 000 000 1	000 000 750 4	447 400 070 4	50 070 540 4	75 004 000 4	70 040 740
2099 24.400 (0.12)	\$ 0\$		124,486,196 \$	366,062,638 \$	283,060,756 \$	147,486,372 \$	53,676,518 \$	75,891,220 \$	78,319,749
Intergovernmental Transfer (501R)	95,621,331	129,880,808	120,587,491	52,876,607	5,453,818	0	0	0	0
Intergovernmental Transfer (Hospital Trust Fund) (501R)	0	13,203,977	0	0	0	0	0	0	0
Medicaid Transfer (204R)	0	5,964,781	0	0	6,881,932	10,625,889	11,961,321	0	0
General Fund Transfer (02B)	0	0	0	0	0	0	49,900,000	53,500,000	48,300,000
Economic Emergency Fund Transfer (02B)	0	0	0	0	0	0	6,284,233	18,963,036	20,400,000
Endowment - Taxable Bonds (204R)	0	0	0	0	0	0	25,000,000	0	0
Pending Fund Transfer (204R)	0	0	169,484,518	0	0	0	0	0	0
Interest (301R)	3,807,946	4,408,806	6,358,599	7,297,465	6,111,150	4,975,527	3,563,635	3,989,512	3,969,533
Total Revenues	\$ 99,429,277 \$	214,350,321 \$	420,916,804 \$	426,236,710 \$	301,507,656 \$	163,087,788 \$	150,385,707 \$	152,343,768 \$	150,989,282
Expenditures									
IFA - Rent Subsidy Program	\$ 0\$	0 \$	0 \$	0 \$	0 \$	700,000 \$	700,000 \$	700,000 \$	700,000
DHS Grants and Services									
NF Conversion Grants/LTC HCBS Funds	20,000,000	20,000,000	0	20,000,000	20,000,000	0	0	0	0
Medicaid HCBS Elderly Waiver	2,240,034	40,733,406	47,198,406	1,733,406	1,733,406	1,033,406	0	0	0
NF Case Mix Methodology	17,750,000	24,750,000	29,950,000	29,950,000	29,950,000	29,950,000	0	0	0
Medicaid Supplement	0	0	0	101,600,000	101,600,000	69,000,490	65,000,000	65,000,000	111,753,195
Total DHS	39,990,034	85,483,406	77,148,406	153,283,406	153,283,406	99,983,896	65,000,000	65,000,000	111,753,195
DEA Service Delivery	4,188,123	5,339,344	6,592,292	7,522,118	8,222,118	8,296,730	8,324,044	8,442,707	8,486,698
DIA - Asst'd. Living & Adult Day Care Oversight	0	0	0	800,000	800,000	758,474	790,751	1,183,303	1,339,527
Total Appropriations	\$ 44,178,157 \$	90,822,750 \$	83,740,698 \$	161,605,524 \$	162,305,524 \$	109,739,100 \$	74,814,795 \$	75,326,010 \$	122,279,420
Reversions									
SLT-Rent Subsidy Program	0	0	0	0	0	-52,686	-67,156	-101,269	
Senior Living Trust	-96,845	-17,821	-107,904	-33,001	-59,544	-59,407	-211,018	-291,420	
NF Conversion Grants	-3,645,742	0	0	-17,512,261	-7,767,507	-1,395	0	-700,000	
SLT Medical Supplemental, Alternative Service, Adm	-1,898,241	-940,804	-28,778,628	-494,253	-336,619	-214,342	0	0	
DIA-Asst Living/Adult Day Care	0	0	0	-390,056	-120,570	0	-42,134	-209,302	
Total Reversions	-5,640,828	-958,625	-28,886,532	-18,429,570	-8,284,240	-327,830	-320,308	-1,301,991	0
Net Appropriations	38,537,329	89,864,125	54,854,166	143,175,954	154,021,284	109,411,270	74,494,487	74,024,019	122,279,420
Ending Balance									

FLOW OF GENERAL FUND REVENUES AFTER EXPENDITURE LIMITATION



Iowa Department of Elder Affairs Senior Living Program (SLP) Unmet Needs Report 7/1/2007 to 6/30/2008

Service	Total Consumers Contacts	Total Units	Avg. per Contact	Service Unit of Measure
Adult Daycare	162	3,829	23.6	1 hour
Assisted Transportation	170	1,314	7.7	1 one-way trip
Caregiver Support	10	20	2.0	1 hour
Case Management	1	1	1.0	1 hour
Chore	249	1,335	5.4	1 hour
Congregate Meals	26	27	1.0	1 meal
Counseling	1	1	1.0	1 hour
Emergency Response System	293	293	1.0	1 client
HD Meals	270	6,598	24.4	1 meal
Health WEC	282	276	1.0	1 hour
Home Repair	43	72	1.7	1 hour
Homemaker	799	3,766	4.7	1 hour
Legal Assistance	56	197	3.5	1 hour
Material Aide	3	17	5.7	1 client
Medication Management	14	14	1.0	1 client
Mental Health Outreach	6	32	5.3	1/4 hour
Outreach	8	16	2.0	1 contact
Personal Care	281	1,177	4.2	1 hour
Preventive Health Promotion	388	547	1.4	1 contact
Reassurance	23	405	17.6	1 contact
Respite	259	2,810	10.8	1 hour
Transportation	553	1,416	2.6	1 one-way trip(s)
Visiting	801	4,032	5.0	1 visit

Note: Senior Living Program (SLP) Unmet Need data is reported to DEA from Area Agencies on Aging and SLP Providers as required by 321—28.10(231,249H). This report is provided as a tool that identifies unmet needs of elderly lowans that have contact with AAA's and their service providers and should not be considered all inclusive and definitive.

SENIOR LIVING PROGRAM UNMET NEEDS REPORT

Iowa Department of Elder Affairs Senior Living Program (SLP) Unmet Needs Report SFY 2008

	1 st Quarter 2 nd Quarter		rter	3 rd Qua	rter	4 th Quarter		
Service	Contacts	Rank	Contacts	Rank	Contacts	Rank	Contacts	Rank
Homemaker	208	1	192	1	196	2	509	1
Visiting	207	2	192	2	221	1	181	2
Health WEC	166	3	72	6	29	11	171	3
Chore	126	4	38	10	40	9	47	13
Transportation	108	5	137	4	174	3	129	6
Respite	92	6	61	7	39	10	67	10
Adult Daycare	69	7	32	11	21	13	40	14
Emergency Response System	69	8	58	8	84	5	82	8
Personal Care	66	9	57	9	79	6	155	4
Home Delivered Meals	47	10	87	5	71	7	65	11
Assisted Transportation	39	11	24	12	43	8	64	12
Legal Assistance	16	12	19	13	8	14	13	17
Preventive Health Promotion	12	13	144	3	86	4	146	5
Home Repair	10	14	5	15	5	16	23	16
Mental Health Outreach	6	15	0	NA	0	NA	0	NA
Medication Management	3	16	0	NA	6	15	82	8
Reassurance	3	17	7	14	5	17	8	20
Case Management	1	18	0	NA	0	NA	0	NA
Congregate Meals	1	19	0	NA	25	12	0	NA
Material Aide	1	20	0	NA	2	18	0	NA
Counseling	0	NA	1	16	0	NA	0	NA
Protective Payee Service	0	NA	0	NA	0	NA	68	9
Assessment and Intervention	0	NA	0	NA	0	NA	35	15
Caregiver Support	0	NA	0	NA	0	NA	10	18
Outreach	0	NA	0	NA	0	NA	8	19

Note: Senior Living Program (SLP) Unmet Need data is reported to DEA from Area Agencies on Aging and SLP Providers as required by 321—28.10(231,249H). This report is provided as a tool that identifies unmet needs of elderly lowans that have contact with AAA's and their service providers and should not be considered all inclusive and definitive.

Senior Living Program (SLP) Unmet Needs Report SLCU ANNUAL REPORT SFY 2008

Homemaker Contacts: 509

1st Quarter



S S S S S S S S S S S S S S S S S S S	500	Owner	Distriction	\$	Kreuth .	Attendings	- mortin	Miller	\$	\$	\$	5
	*		ON;	Per Alto		terms	Carlo Duras	Post	Otomer	Rodo	Deter	(
NOTICE CHART CHART STATE		-		Programba	Names and	waget	Parade	Beter	Batter	\$		1
MATERIAL COMPAN	tooter			Carnus	near	- Name of Street	war	Dunt	Store rate	Between	Delprare	
Atherina Car aler Speec Appear Spring Strange Contra	2			††	n be							Com
	S. S.		- 1		1	-					- 17	5

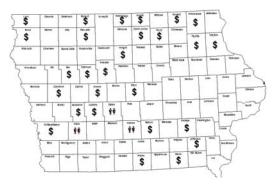
1 st Quarter								
No Provider	No Funding / Funding Inade	No Staffing						
Buena Vista	Black Hawk	Marshall	Carroll					
	Clayton	Monroe	Lucas					
	Emmet	Pottawattamie	Warren					
	Fayette	Sioux	Worth					
	Howard	Winneshiek						
	Marion							

2 nd Quarter			
No Provider	No Funding / Funding Inadequa	ate	No Staffing
None	Allamakee	Marion	Buena Vista
	Emmet	Obrien	Dallas
	Fayette	Pottawattamie	Dubuque
	Howard	Sioux	Lucas
	Keokuk	Winneshiek	Warren
			Warren

3rd Quarter



4 th	a	แล	rter



3 rd Quarter			
No Provider	No Funding / Funding Inadequate		No Staffing
None	Allamakee	Lyon	Cass
	Buena Vista	Marion	Dallas
	Cass	Palo Alto	Warren
	Davis	Pottawattamie	
	Emmet	Sioux	
	Fayette	Winneshiek	
	Howard		

4 th Quarter					
No Provider	No Funding / Funding Inade	quate			No Staffing
None	Audubon	Fayette	Lyon	Wayne	Cass
	Calhoun	Floyd	Marion	Webster	Dallas
	Cerro Gordo	Greene	Palo Alto	Winnebago	Warren
	Clayton	Guthrie	Pottawattamie	Winneshiek	
	Crawford	Howard	Sac	Worth	
	Davis	Jefferson	Sioux	Wright	
	Emmet	Keokuk	Story		

No Provider

\$ No Funding / Funding Inadequate * No Staffing

DEA Definition

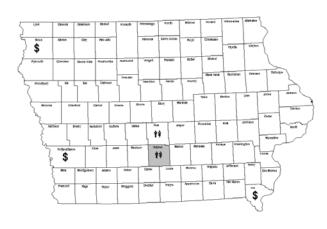
Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: medication management, preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.

Visiting Contacts: 181

1st Quarter

\$ ŤŶ 19 †† \$

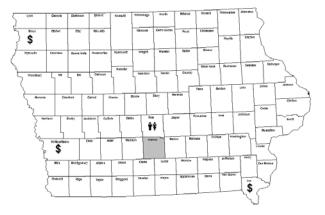
2 nd	Quarter
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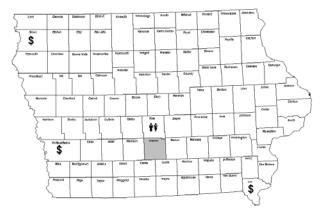
1 st Quarter			
No Provider	No Funding / Funding Inadequate	No Staffing	
Buchanan	Des Moines	Black Hawk	
Butler	Emmet	Bremer	
Chickasaw	Lee	Polk	
Hardin	Pottawattamie		
Warren	Sioux		

2 nd Quarter			
No Provider	No Funding / Funding Inadequate	No Staffing	
Warren	Lee	Polk	
	Pottawattamie	Warren	
	Sioux		

3rd Quarter



4 th	Quarter
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3 rd Quarter			
No Funding / No Provider Funding Inadequate No Staffing			
Warren	Lee	Polk	
	Pottawattamie		
	Sioux		

4 th Quarter			
No Funding / No Provider Funding Inadequate No Staffing			
Warren	Lee	Polk	
	Pottawattamie		
	Sioux		

No Provider

\$ No Funding / Funding Inadequate * No Staffing



DEA Definition	Ì
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Going to see a client in order to comfort or help.

Health WEC Contacts: 171

1st Quarter



1 st Quarter			
No Provider	No Funding / Funding Inadequate	No Staffing	
None	Harrison	None	
	Obrien		
	Sioux		

2nd Quarter



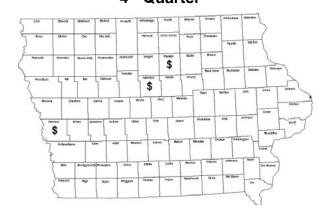
2 nd Quarter			
No Provider Funding Inadequate No Staffing			
None	Harrison	None	
	Obrien		
	Sioux		

3rd Quarter



3 rd Quarter			
No Funding / Funding Inadequate No Staffing			
None	Harrison	None	
	Howard		
	Sioux		

4th Quarter



4 th Quarter			
No Provider Funding Inadequate No Staffing			
None	Franklin	None	
	Hamilton		
	Harrison		

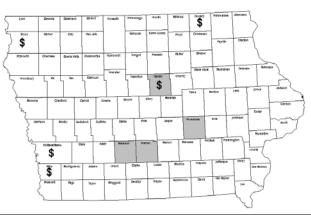
No Provider \$ No Funding / Funding Inadequate 👬 No Staffing

DEA Definition

Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for health services. Routine health screening for blood pressure, hearing, vision, and diabetes are included. Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Information collected may include health status, financial status, activities of daily living, etc. Prenursing home admissions screening as well as routine health screening (blood pressure, hearing, vision, diabetes) are included.

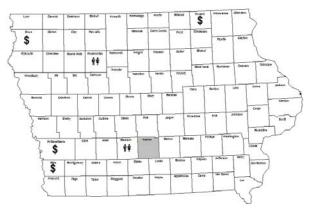
Chore Contacts: 47

1st Quarter



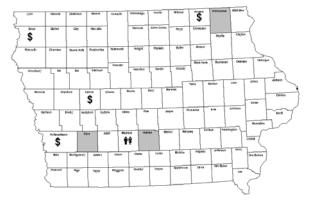
1 st Quarter		
No Provider	No Funding / Funding Inadequate	No Staffing
Hardin	Hardin	None
Madison	Howard	
Poweshiek	Mills	
Warren	Pottawattamie	
	Sioux	

2nd Quarter



2 nd Quarter			
No Provider	No Staffing		
Warren	Howard	Madison	
	Mills	Pocahontas	
	Pottawattamie		
	Sioux		

3rd Quarter



3 rd Quarter		
No Provider	No Funding / Funding Inadequate	No Staffing
Cass	Carroll	Madison
Warren	Howard	
Winneshiek	Pottawattamie	
	Sioux	

4th Quarter



4 th Quarter			
No Funding / Funding Inadequate No Staffing			
Franklin Hamilton Harrison	None		
	No Funding / Funding Inadequate Franklin Hamilton		

No Provider \$ No Funding / Funding Inadequate * No Staffing

DEA Definition

Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work, or sidewalk maintenance.

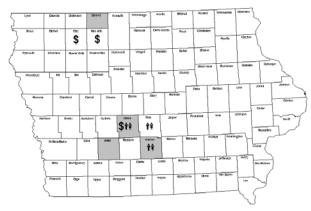
Transportation Contacts: 129

1st Quarter

TOTAL CONTROL CONTROL

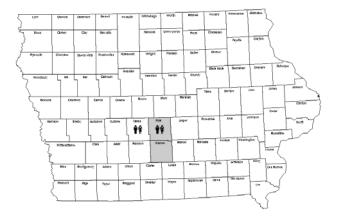
1 st Quarter			
No Provider	No Funding / Funding Inadequate	No Staffing	
Black Hawk	Black Hawk	Polk	
Chickasaw	Buchanan		
Mahaska	Butler		
Marshall	Chickasaw		
	Polk		

2nd Quarter



2 nd Quarter			
No Provider	No Funding / Funding Inadequate	No Staffing	
Adair	Clay	Dallas	
Dallas	Dallas	Polk	
Emmet	Palo Alto	Warren	
Warren			

3rd Quarter



3 rd Quarter			
No Funding / No Provider Funding Inadequate No Staffing			
Polk	None	Dallas	
Warren		Polk	

4th Quarter



4 th Quarter				
No Provider	No Funding / No Provider Funding Inadequate No Staffing			
Warren	Story	Dallas		
		Polk		

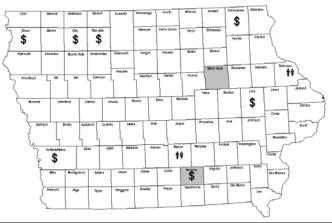
■ No Provider \$ No Funding / Funding Inadequate ** No Staffing

DEA Definition

Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Provision of a means of going from one location to another location. Does not include any other activity.

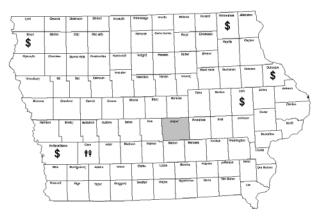
Respite Contacts: 67





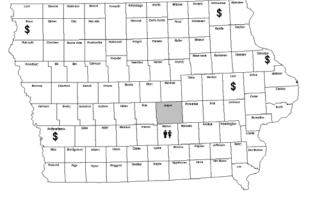
1 st Quarter			
No Provider	No Funding / Funding Inadequate		No Staffing
Black Hawk Monroe	Clay Linn Monroe Palo Alto	Pottawattamie Sioux Winneshiek	Dubuque Marion

2nd Quarter



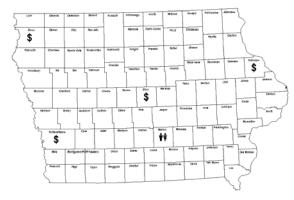
2 nd Quarter			
No Provider	No Funding / Funding Inadequate	No Staffing	
Jasper	Dubuque	Cass	
	Linn		
	Pottawattamie		
	Sioux		
	Winneshiek		

3rd Quarter



3 rd Quarter			
No Provider	No Funding / Funding Inadequate	No Staffing	
Jasper	Linn	Marion	
	Winneshiek		
	Dubuque		
	Pottawattamie		
	Sioux		

4th Quarter



4 th Quarter				
No Provider	No Funding / Funding Inadequate	No Staffing		
None	Dubuque	Marion		
	Pottawattamie			
	Sioux			
	Story			

No Provider

\$ No Funding / Funding Inadequate * * No Staffing

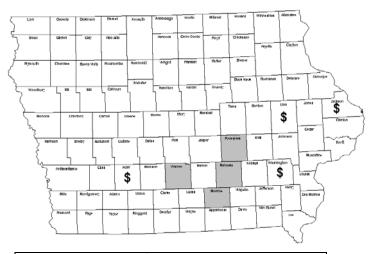
DEA Definition

Service which offers temporary, substitute supports or living arrangements for older persons in order to provide a brief period of relief or rest for family members or other caregivers.

Adult Daycare

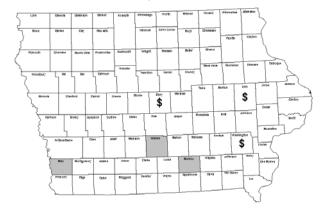
1st Quarter

Contacts: 40



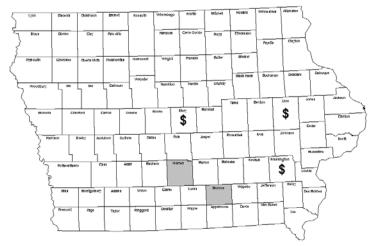
1 st Quarter			
No Provider	No Funding / Funding Inadequate	No Staffing	
Mahaska	Adair	None	
Monroe	Jackson		
Poweshiek	Linn		
Warren	Washington		

3^{ra} Quarter



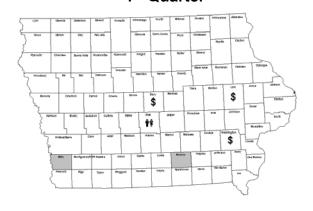
3 rd Quarter			
No Provider	No Funding / Funding Inadequate	No Staffing	
Mills	Linn	None	
Monroe	Story		
Warren	Washington		

2nd Quarter



2 nd Quarter			
No Provider	No Funding / Funding Inadequate	No Staffing	
Monroe	Linn	None	
Warren	Story		
	Washington		

4^{tn} Quarter



4 th Quarter			
No Provider	No Funding / Funding Inadequate	No Staffing	
Mills	Linn	Polk	
Monroe	Story		
	Washington		

■ No Provider \$ No Funding / Funding Inadequate ** No Staffing

DEA Definition

Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in conjunction of adult day care/adult day health typically include social and recreational activities, training, and counseling, meals for adult day care and services such as rehabilitation, medications assistance, and home health aide services for adult day health.

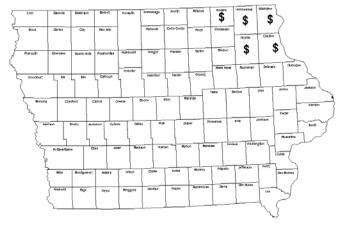
Emergency Response System Contacts: 82

1st Quarter

\$ \$ †‡

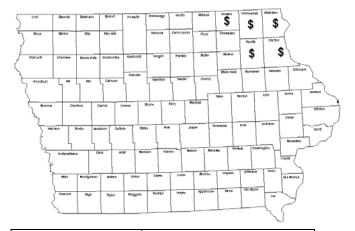
1 st Quarter				
No Provider	No Funding / ovider Funding Inadequate			
Buchanan	Allamakee	Fayette	Appanoose	
Winneshiek	Buchanan	Howard		
	Clayton	Winneshiek		

2nd Quarter



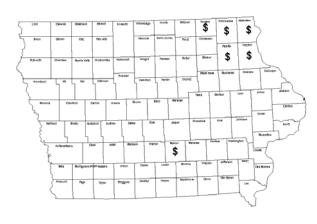
2 nd Quarter			
No Provider	No Funding / Funding Inade	No Staffing	
None	Allamakee	Howard	None
	Clayton	Winneshiek	
	Fayette		

3rd Quarter



3 rd Quarter				
No Provider	No Staffing			
None	Allamakee	Howard	None	
	Clayton	Winneshiek		
	Fayette			

4th Quarter



4 th Quarter				
No Funding / No Staffing No Provider Funding Inadequate Staffing				
None	Allamakee	Howard	None	
	Clayton	Marion		
	Fayette	Winneshiek		

\$ No Funding / Funding Inadequate No Staffing No Provider

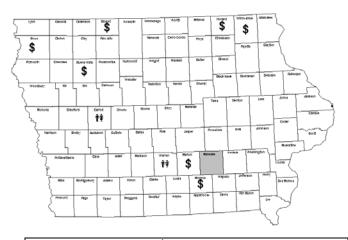
DEA Definition

Telephonic or other electronic service system that alerts first responders in the event of an emergency.

Personal Care

1st Quarter

Contacts: 155

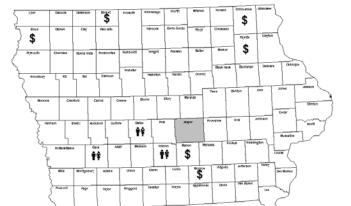


1 st Quarter			
No Provider	No Funding / Funding Inadeq	No Staffing	
Mahaska	Buena Vista	Monroe	Carroll
	Emmet	Sioux	Warren
	Howard	Winneshiek	
	Marion		

2nd Quarter



2 nd Quarter					
No Provider	No Funding In	No Staffing			
None	Adair	Adair Marion			
	Carroll	Pottawattamie	Dallas		
	Emmet	Sioux	Warren		
	Fayette	Winneshiek			



3 ^{ra}	Quarter
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4th Quarter



3 rd Quarter					
No Funding / No Staffing					
Jasper	Emmet	Monroe	Cass		
	Fayette	Sioux	Dallas		
	Marion	Winneshiek	Warren		

4 th Quarter					
No Provider	No Fundin Funding In				No Staffing
None	Carroll	Fayette	Monroe	Winneshiek	Cass
	Clayton	Franklin	Pocahontas	Worth	Dallas
	Emmet	Marion	Pottawattamie		Warren

No Provider

\$ No Funding / Funding Inadequate No Staffing

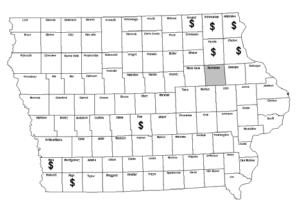
DEA Definition

Providing personal assistance, stand by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.

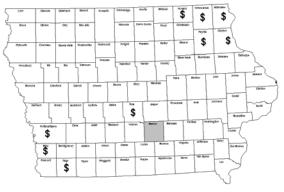
Home Delivered Meals

Contacts: 65

1st Quarter



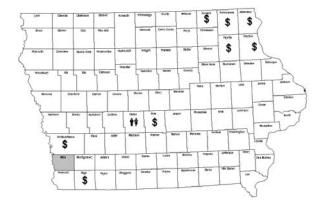
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one I feed I some	n Warrens	Worth	Manual	Hoged	Winneste



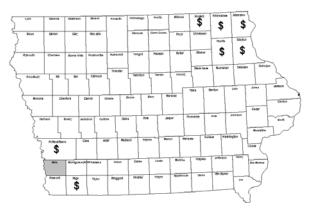
1 st Quarter					
No Provider	No Funding / Funding Inade	equate		No Staffing	
Buchanan	Allamakee	Howard	Polk	None	
	Clayton	Mills	Winneshiek		
	Fayette	Page			

2 nd Quarter				
No Provider	No Funding / Funding Inade	equate		No Staffing
Marion	Allamakee	Howard	Polk	None
	Clayton	Mills	Pottawattamie	
	Fayette	Page	Winneshiek	

3rd Quarter



4th Quarter



3 rd Quarter					
No Provider	No Funding / Funding Inade	equate		No Staffing	
Mills	Allamakee	Howard	Pottawattamie	Dallas	
	Clayton	Page	Winneshiek		
	Fayette	Polk			

4 th Quarter				
No Provider	No Funding / Funding Inade	equate		No Staffing
Mills	Allamakee	Howard	Winneshiek	None
	Clayton	Page		
	Fayette	Pottawattamie		

■ No Provider \$ No Funding / Funding Inadequate ** No Staffing

DEA Definition

Provision to an eligible client or other eligible participant at the client's place of residence, a meal which: (a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture; (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA, although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provides, if three meals are served, together, 100 percent of the current daily RDA, although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meals shall be balanced and proportional in calories and nutrients.

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Iowa Department of Elder Affairs Case Management Program for Frail Elders (CMPFE) Unmet Needs Report 7/1/2007 to 6/30/2008

State Totals	Total Consumers	Total Units	Avg. per Consumer	Service Unit of Measure
Adult Daycare	652	11,989	18.4	1 hour
Advocacy	5	46	9.2	1 hour
Assessment & Intervention	8	26	3.3	1 hour
Assisted Transportation	442	5,198	11.8	1 one-way trip
Caregiver Support	124	1,469	11.8	1 hour
Chore	1,998	22,350	11.2	1 hour
Congregate Meals	93	1,650	17.7	1 meal
Counseling	36	378	10.5	1 hour
Emergency Response System	366	366	1.0	1 client
Employment	2	2	1.0	1 placement
Grandparent Relative Support	21	82	3.9	1 client
HD Meals	1,345	25,955	19.3	1 meal
Health WEC	15	48	3.2	1 hour
Home Repair	930	107,024	115.1	1 hour
Homemaker	308	5,139	16.7	1 hour
Information & Assistance	9	27	3.0	1 contact
Legal Assistance	63	514	8.2	1 hour
Material Aide	237	1,040	4.4	1 client
Medication Management	83	972	11.7	1 client
Mental Health Outreach	210	1,465	7.0	1/4 hour
Nutrition Counseling	854	2,368	2.8	1 session
Nutrition Education	131	189	1.4	1 session
Personal Care	178	2,874	16.1	1 hour
Placement Svc	21	21	1.0	1 hour
Preventive Health Promotion	78	327	4.2	1 contact
Protective Payee Svc	13	13	1.0	1 contact
Reassurance	89	1,206	13.6	1 contact
Respite	191	3,656	19.1	1 hour
Senior Center	12	20	1.7	1 hour
Training & Education	28	170	6.1	1 hour
Transportation	721	12,652	17.5	1 one-way trip(s)
Visiting	357	4,323	12.1	1 visit

Note: This report is provided as a tool that identifies unmet needs of elderly lowans that participate in the Case Management Program for Frail Elders (CMPFE) and should not be considered all inclusive and definitive.



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